24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)					PAGE 1 OF 7 FOR SE OF FORM 24/48
NAME OF COMP	MITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
FILLDOW		<i>J</i> A			C C00499020
Check if X 24-	hour report 48-hour repor	t New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of	Payee			Date	of Public Distribution/Dissemination
Cefco					06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Addre	ess 103 Grants Ferry Rd.			Amou	unt
City		State	Zip Code	$-\Gamma$	8.29
Brandon		MS	39042		saction ID : SE.35744 of Disbursement or Obligation
Purpose of E IE-McDaniel			Category/ Type 002		06 23 2014
	leral Candidate		X Support	Office Sough	ht: House District: 00
CHRISTOPH	HER BRIAN MCDANIEL		Oppose	Presid	dent Senate State: MS
	r Year-To-Date ction for Office Sought	7	157704.14	Disbursemen 2014	nt For:
Full Name of	Payee Barrel-MS			Date	of Public Distribution/Dissemination
Mailing Addr				[06 / 23 / 2014
Walling Addi	410 Riverwind Dr.			Amo	unt
City		State	Zip Code		18.33
Pearl		MS	39208		action ID : SE.35733 of Disbursement or Obligation
Purpose of E IE-McDaniel			Category/ Type 002	$\Box \mid \Box$	06 / 23 / 2014
	deral Candidate		X Support	Office Soug	
CHRISTOPE	HER BRIAN MCDANIEL		Oppose	Presid	dent Senate State: MS
	ar Year-To-Date ction for Office Sought		156969.25	Disburseme 2014	nt For:
(a) SUBTOTA	L of Itemized Independent Expe	nditures		•	26.62
" \	· · · · · · · · · · · · · · · · · · ·				111111111
(b) SUBICIA	L of Unitemized Independent Ex	penditures		•	7 7 7
(c) TOTAL Inc	dependent Expenditures			· •	
with, or at the	. , , ,	andidate or authorized	•		cooperation, consultation, or concert the reporting entity is not a political
Signature	R. Russ Walker	[Electron	nically Filed] Date	9 06	24 2014
Signature					

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Sc	chedule E)		PAGE 2 OF 7 FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full) REEDOMWORKS FOR AMERICA		FEC IDENTIFICATION NUMBER ▼			
•	NEEDOWWORKS FOR AMERICA		C C00499020			
Ch	Check if 24-hour report 48-hour report Amends report filed on					
	Full Name of Payee Crescent City Grill-MS		Date of Public Distribution/Dissemination			
	•		06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Mailing Address 3810 Hardy St.		Amount			
	City State	Zip Code	15.00			
	Hattiesburg MS	39402	Transaction ID : SE.35729 Date of Disbursement or Obligation			
	Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	06 23 / 2014			
	Name of Federal Candidate	Support C	Office Sought: House District: 00			
	CHRISTOPHER BRIAN MCDANIEL	Oppose	President Senate State: MS			
	Calendar Year-To-Date Per Election for Office Sought		014			
	Full Name of Payee		Date of Public Distribution/Dissemination			
	D'Lo Truck Stop-MS		06 23 2014			
	Mailing Address Hwy 49		Amount			
	City State	Zip Code	34.57			
	DLo MS	39062	Transaction ID : SE.35743 Date of Disbursement or Obligation			
	Purpose of Expenditure IE-McDaniel-Travel	Category/ Type 002	06 23 2014			
	Name of Federal Candidate	X Support 0	Office Sought: House District: 00			
	CHRISTOPHER BRIAN MCDANIEL	Oppose	President Senate State: MS			
	Calendar Year-To-Date Per Election for Office Sought		Oisbursement For: Primary General 2014 Runoff			
	(a) SUBTOTAL of Itemized Independent Expenditures)	49.57			
	4. OUDTOTAL (11 ii i					
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
	R. Russ Walker	nically Filed] Date	06 24 2014			
	Signature	nically Filea Date	06 24 2014			

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)						
FREEDOMWORKS FOR AMERICA	C C00499020					
	J					
Check if 24-hour report 48-hour report Mew report Amends report filed on Amends report file						
Full Name of Payee Freedomworks, Inc.	Date of Public Distribution/Dissemination					
Mailing Address 400 N Capitol St., NW	06 23 2014					
Suite 735	Amount					
City State Zip Code	504.98					
Washington DC 20001	Transaction ID : SE.35734 Date of Disbursement or Obligation					
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 23 / 2014					
Name of Federal Candidate Support Office	ce Sought: House District:00					
CHRISTOPHER BRIAN MCDANIEL Oppose	President Senate State: MS					
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General 4					
Full Name of Payee	Date of Public Distribution/Dissemination					
Freedomworks, Inc.	06 23 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Mailing Address 400 N Capitol St., NW						
Suite 735	Amount					
City State Zip Code	2294.45					
Washington DC 20001	Transaction ID : SE.35735 Date of Disbursement or Obligation					
Purpose of Expenditure IE-McDaniel-Email/Social Media/Printing Category/ Type 004	06 23 2014					
Name of Federal Candidate Support Office	ce Sought: House District: 00					
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS					
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For: Primary General A Other (specify) Runoff					
(a) SUBTOTAL of Itemized Independent Expenditures	2799.43					
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
R. Russ Walker [Electronically Filed] Date	06 24 2014					
Signature						

Schedule E)	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)					
FREEDOMWORKS FOR AMERICA	C C00499020				
	<u> </u>				
Check if X 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y				
Full Name of Payee Hampton Inn-MS	Date of Public Distribution/Dissemination				
· ·	06 / 23 / 2014				
Mailing Address 3206 Greymont	Amount				
City State Zip Code	4.00				
Jackson MS 39202	Transaction ID : SE.35740 Date of Disbursement or Obligation				
Purpose of Expenditure IE-McDaniel-Travel Category/ Type 002	06 23 2014				
Name of Federal Candidate Support Office	e Sought: House District:00				
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS				
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:				
Full Name of Payee	Date of Public Distribution/Dissemination				
Julep-MS	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Mailing Address 4500 I-55 N.	Amount				
City State Zip Code	67.72				
Jackson MS 39211	Transaction ID : SE.35739 Date of Disbursement or Obligation				
Purpose of Expenditure Category/ Type 002	06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate Support Office	ee Sought: House District: 00				
CHRISTOPHER BRIAN MCDANIEL Oppose	President State: MS Senate				
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Runoff				
(a) SUBTOTAL of Itemized Independent Expenditures	71.72				
	7 7				
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7				
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	06 24 2014				
Signature					

Schedule E)	. EXI END	TOTILO		PAGE 5 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
FREEDOMWORKS FOR AMERICA				C C00499020	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Kangaroo Express-MS				of Public Distribution/Dissemination	
Mailing Address 13490 Hwy 49			Amou	06 23 2014 nt	
City	State	Zip Code		47.94	
Gulfport	MS	39507		action ID: SE.35737 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	MC	
Calendar Year-To-Date Per Election for Office Sought	, 1	57527.79	Disbursement 2014 X 0	t For:	
Full Name of Payee			Date	of Public Distribution/Dissemination	
La Fiesta Brava-MS			T.	06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 6168 Hwy 49 North			Amou	nt	
City	State	Zip Code	<u> —</u> г	56.82	
Hattiesburg	MS	39404		ction ID : SE.35730 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 23 / 2014	
Name of Federal Candidate		X Support	Office Sough	t: House District:00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	7	156907.76	Disbursemer 2014	t For:	
(a) SUBTOTAL of Itemized Independent Expenditure	S			104.76	
(b) SUBTOTAL of Unitemized Independent Expendit	ures		. —		
()				7 7	
(c) TOTAL Independent Expenditures			· [71171171	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
R. Russ Walker	[Electron	ically Filed] Date	06	24 2014	
Signature					

Schedule E)	EXI LIVE	TOTILO		PAGE 6 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) FREEDOMWORKS FOR AMERICA				FEC IDENTIFICATION NUMBER ▼	
FREEDOWWORKS FOR AWERICA				C C00499020	
Check if X 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Mugshots-MS				of Public Distribution/Dissemination	
Mailing Address 4245 Lakeland Dr.			Amou	06 23 2014	
City	Ctata	7:a Cada		45.70	
City Flowood	State MS	Zip Code 39232		45.76 action ID : SE.35738 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 23 / Y 2014	
Name of Federal Candidate		Support	Office Sough	t: House District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	MC	
Calendar Year-To-Date Per Election for Office Sought	1	57573.55	Disbursement 2014 X O	t For: Primary General cher (specify) ► Runoff	
Full Name of Payee Sprint Mart-MS				of Public Distribution/Dissemination	
Mailing Address 1263 High Street			Amou		
City	State	Zip Code		16.01	
Jackson	MS	39202		ction ID : SE.35741 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	M	06 23 / Y Y Y Y Y	
Name of Federal Candidate		X Support	Office Sough	t: House District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent X Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought		157661.28	Disbursemen 2014 X o	t For:	
(a) SUBTOTAL of Itemized Independent Expenditures			.	61.77	
(b) SUBTOTAL of Unitemized Independent Expenditur	es			***************************************	
				4 4	
(c) TOTAL Independent Expenditures			 	7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
R. Russ Walker Signature	[Electron	cally Filed] Date	M M /	24 2014	
Gignature					

Schedule E)	I EXI END	TOTILO		PAGE 7 OF 7 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼	
FREEDOMWORKS FOR AMERICA				C C00499020	
Check if Z 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Stucky's Gas-MS				of Public Distribution/Dissemination	
Mailing Address 6733 Hwy 49				06 23 2014	
orac may is			Amou	nt	
City	State	Zip Code		43.16	
Hattiesburg	MS	39404		action ID : SE.35731 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002	N	06 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		X Support	Office Sough	t: House District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Preside	ent Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	, 1	56950.92	Disbursement 2014 X 0	t For:	
Full Name of Payee			Date	of Public Distribution/Dissemination	
Subway-MS				06 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Mailing Address 13490 Hwy 49			Amou	nt	
City	State	Zip Code	-	5.62	
Gulfport	MS	39507		oction ID : SE.35736 of Disbursement or Obligation	
Purpose of Expenditure IE-McDaniel-Travel		Category/ Type 002		06 23 / 2014	
Name of Federal Candidate		X Support	Office Sough	nt: House District: 00	
CHRISTOPHER BRIAN MCDANIEL		Oppose	Presid	ent Senate State: MS	
Calendar Year-To-Date Per Election for Office Sought	, , ,	157479.85	Disbursemer 2014	of the result o	
(a) SUBTOTAL of Itemized Independent Expenditure	S			48.78	
(-)				7 7 7	
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		•	4 4 4	
(c) TOTAL Independent Expenditures			•	3162.65	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
R. Russ Walker Signature	[Electron	ically Filed] Date	06 /	24 2014	
Olyriature					